

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR PROPOSALS (RFP)

for

**Grant to develop a Youth Suicide Prevention
And Early Intervention Rural Model Community in
Michigan's Upper Peninsula**

Issued: August 5, 2015

Application Deadline: September 24, 2015—5:00 P.M.

Injury & Violence Prevention Section
Division of Chronic Disease and Injury Control
Michigan Department of Health and Human Services
P.O. Box 30195
Lansing, MI 48909

Funded under SAMHSA Cooperative Agreement #1U79SM061767

*MDHHS Youth Suicide Prevention and Early Intervention
Model Community Grant*

PRE-APPLICATION TECHNICAL ASSISTANCE CALL

On Tuesday, August 18 from 2 P.M.–3 P.M. there will be a pre-application technical assistance conference call. The purpose of this call is to assist eligible applicants in developing high quality proposals by answering questions regarding the Request for Proposals, the application process, and MDHHS expectations for fundable proposals. Anyone is welcome to join the call. We do ask that you register in advance so that we know who to expect and can send you the call-in number and passcode. You can register by sending your name and email address to Pat Smith at smithp40@Michigan.gov. If you have questions regarding the call, you can send them to Ms. Smith via email or call her at 517-335-9703.

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INTRODUCTION AND GENERAL INFORMATION

INTRODUCTION

The Michigan Department of Health and Human Services announces the availability of Fiscal Year 2016 funds for grants to support the development of at least one Youth Suicide Prevention and Early Intervention Rural Model Community (RMC) in Michigan's Upper Peninsula. This grant program is intended to support the development and implementation of a multifaceted, thoughtful, strategic, and coordinated prevention and early intervention effort that demonstrates how to do effective systems change work that moves the community away from an emphasis on awareness building to addressing youth suicide prevention across the full spectrum of prevention and intervention. An RMC for youth suicide prevention will include a continuum of programs and services from awareness through identification, referral, crisis intervention, effective treatment, after-care, and community bereavement support. A strong emphasis of the program should be on continuity of care for at risk youth and young adults and on creating a suicide safe community with "no wrong door" for those at risk of suicide. The planned program must involve public/private collaboration among youth-serving institutions and agencies and should include schools, other education institutions, healthcare systems, the juvenile justice system, the foster care system, substance abuse and mental health programs, and other child and youth supporting organizations. Youth are defined as individuals 10–24 years of age.

This Request for Proposals (RFP) addresses several of the key objectives set forth in the [Suicide Prevention Plan for Michigan](#), released in September 2005 and the [2012 National Strategy for Suicide Prevention](#).

This RFP is to provide potential contractors with sufficient information to enable them to prepare and submit proposals for consideration by the State of Michigan to satisfy its need for health promotion inquiry and intervention. It is issued by the Injury and Violence Prevention (IVP) Section, Division of Chronic Disease and Injury Control, Michigan Department of Health and Human Services.

PLEASE NOTE: Applicants *must* be able to provide evidence of strong community partnerships for the program.

BACKGROUND

In the decade from 2004–2013, Michigan lost 1,585 10–24 year olds to suicide (an average of 159 per year). There is a rise in documented suicide deaths from ages 10 through 18 years, with young adults ages 19–24 accounting for 54% of all youth and young adult suicide deaths in the state. By far, the largest number of deaths (1,071) involved white males. Suffocation/hanging accounted for 44% of the deaths, followed closely by firearms (43%), with poisoning accounting for 8% of the deaths.

At least 1,205 youth/young adults ages 10–24 year olds were admitted to the hospital with suicide attempt/intentional self-harm (SA/ISH) diagnoses in 2013. White females were most likely to be admitted; among both females and males, the majority of admissions were related to self-poisoning (97% and 89%, respectively).

An estimated 2,672 emergency department (ED) cases (non-fatal, non-admitted) were seen in Michigan hospitals in 2001¹ for SA/ISH by 10–24 year olds. Adolescents 15–18 years old had the highest rate of ED visits per 100,000 population (218.2) for this group of diagnoses. Females led age/gender groups with 30% of cases (n=802) and a rate of 285.2/100,000. A large national study determined that at least 60% of self-harm cases seen in EDs are probable suicide attempts; another 10% possible attempts. Intent was undetermined for the remaining 30% of cases in the study, making it likely that proportions of probable and possible attempts are actually higher.

One in 11 high school students (9%) reported in the 2013 Michigan Youth Risk Behavior Survey (YRBS) attempting suicide one or more times in the past year; 3% of respondents required medical attention after an attempt. These are comparable to the national YRBS rates. Twenty-seven percent of Michigan 9th–12th grade students reported symptoms of depression and 16% of students reported they had seriously considered suicide sometime in the past year. More females than males reported feeling depressed, as well as considering suicide, making a plan, and actually attempting suicide during the previous year. More American Indian and Hispanic students than non-Hispanic students reported making a plan in the year before the survey.

EXPECTATIONS OF APPLICANTS

We expect that the successful application(s) will:

- Focus on efforts directly connected to the prevention of suicide among 10–24 year olds rather than more general suicide prevention awareness and prevention activities, even though the more general activities might also have an impact on youth.
- Commit to making suicide prevention a core priority in local youth and young adult serving systems.
- Form or promote participation in an existing public/private coalition of youth-serving institutions and agencies, which includes schools and other education institutions, juvenile justice, the foster care system, substance abuse and mental health programs, public health, and other child and youth supporting organizations.
- Include a plan for building and/or strengthening over the course of the grant a comprehensive, integrated network of activities and services across the continuum of youth suicide prevention and intervention, up to and including:
 - Ensuring that a system is developed and implemented that provides continuity of care for youth identified at risk of suicide, including immediate intervention/safety planning, evidence-based treatment, and follow-up after ED or hospital discharge;
 - Providing immediate support and information resources to families of youth at risk for suicide, such as families of youth who have attempted suicide;
 - Offering appropriate intervention services, care, and information to families, friends, education institutions, community-based programs and institutions, and

¹ The latest year for which Michigan emergency department data are available

others impacted by the suicide death of a youth/young adult in the community

- Include a plan for providing timely referrals, decreasing wait times, and improving access over the course of the grant for appropriate mental health care and treatment to youth who are at risk for suicide or suicide attempts.
- Commit to participating in a multi-level evaluation process.
- Include a plan to obtain prior written, informed voluntary consent from the parent or legal guardian of any youth under the age of 18 for assessment services, grant supported prevention programs, or treatment involving medication related to youth suicide conducted in elementary and secondary schools² except:
 - In an emergency, where it is necessary to protect the immediate health and safety of the student or other students, or
 - Other instances, defined by the State, where parental consent cannot be reasonably obtained.

Suicide assessment, early intervention, and treatment services may not be provided for youth whose parents or legal guardians object based on their religious beliefs or moral objections.

School personnel may not require that a student obtain any medication as a condition of attending school or receiving services.

ELIGIBLE APPLICANTS

This program will only support programming in Michigan's Upper Peninsula. Eligible applicants are local health departments; community mental health agencies; other local governmental agencies; non-profit community-based organizations/agencies; federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations; intermediate school districts; hospitals; universities; colleges; and other non-profit entities with a demonstrated capacity for working with high-risk populations.

The applicant organization will be responsible for financial and program management of the project if an award is received.

The catchment area included in the application must only be in the Upper Peninsula and can include multiple geographic areas (e.g., multiple cities, multiple counties). However, the suicide rate for the program catchment area must equal or exceed the 2010 national suicide rate for 10–24 year olds of 7.29/100,000. The rate can be calculated using multiple years of data.

² These requirements do not supersede section 444 of the General Education Provisions Act, including the requirement of prior voluntary parental consent for the disclosure of any educational records. These requirements also do not modify or affect parental notification requirements for programs authorized under the Elementary or Secondary Education Act of 1965 (as amended by the No Child Left Behind Act of 2001.)

HOW MUCH MONEY IS AVAILABLE?

A total of up to \$183,333 is available in Fiscal Year 2016 to fund one or two community-based Youth Suicide Prevention Rural Model Community programs. We anticipate that the program(s) selected for funding will have the opportunity, through a non-competitive continuation process, to annually apply for funding for an additional three years. Cost sharing, matching funds, or cost participation are not required.

FEDERAL FUNDING LIMITATIONS/RESTRICTIONS

Because the funds to support the Youth Suicide Prevention RMC grant is part of a federal grant to MDHHS from the Substance Abuse and Mental Health Services Administration (SAMHSA), they must be used according to standard SAMHSA guidelines. Funds must be used for purposes supported by the program and may not be used to:

- Pay for meals. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, grant funds may be used for non-clinical support services (e.g., transportation vouchers, childcare) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. An individual participant is allowed receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, childcare, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

KEY DATES

Release Date: August 5, 2015

Letters of Intent Due Date: August 28, 2015

Proposal Submission Deadline: September 24, 2015—5:00 P.M.

Review Date(s): Late September, 2015

Earliest Anticipated Start Date: November 16, 2015

SPECIFIC OBJECTIVES OF THE AWARDS

This grant will help support the development and implementation of at least one “Youth Suicide Prevention Rural Model Community” as a replicable prototype that moves beyond community awareness to implementation of sustainable best practice approaches that span the continuum of suicide prevention and intervention.

1. Assess existing service gaps and strengths, and monitor change over time, related to youth/young adult suicide prevention and early intervention; continuity of care, including follow-up after release from a medical or mental health facility; and bereavement support in the community;
2. Create necessary and sustainable systems change focusing on continuity of care, follow-up, and creation of a “no wrong door” community for youth and young adults in crisis.
3. Incorporate the Zero Suicide model (<http://zerosuicide.sprc.org/>) into mental and physical healthcare systems;
4. Implement specific youth suicide prevention and early intervention evidence-based practices in appropriate settings with key populations;
5. Use programming and services drawn from specified resources, operated with fidelity, and in combination that provides for a multilayered youth suicide prevention and early intervention approach that addresses several areas at once;
6. Support implementation of the Suicide Prevention Plan for Michigan, applicable goals and objectives from the National Strategy for Suicide Prevention (Goals 8 and 9, in particular) and the local suicide prevention plan, if one exists.

GENERAL REVIEW CRITERIA

Applications will be evaluated for their technical merit and responsiveness to this RFP. Final funding decisions will be made by the IVP Section based on the recommendations/ratings of the

review panel members, the needs of the MDHHS Youth Suicide Prevention Program, and the availability of funds.

Conciseness and clarity of expression will contribute to a favorable review of the proposal, as will adherence to the format presented in the Application Content section of this RFP.

ADMINISTRATIVE GUIDELINES

1. Type of Contract

The contract will be a cost reimbursement contract. The contract agreed upon will be most advantageous to the Michigan Department of Health and Human Services, cost and other factors considered.

2. Rejection of Proposals

MDHHS reserves the right to award portions of proposals or reject any and all proposals received as a result of this RFP.

3. Incurring Costs

MDHHS is not liable for any costs incurred by the grantee or its fiduciary prior to issuance of a contract fully signed by all necessary parties.

4. Contractor Responsibilities

The applicant whose proposal has been selected for funding (the grantee) will be required to assume responsibility for all services offered in its proposal, whether or not the applicant is the agency performing those services. Further, MDHHS will consider the selected applicant to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. All subcontracts entered into by the applicant, subsequent to the contract award, must be approved by MDHHS before they can be put into effect.

5. Project Control and Reports

The grantee will carry out the project activities in consultation with, and approval of, the IVP Section, Division of Chronic Disease and Injury Control, Michigan Department of Health and Human Services. A Project Officer from the IVP Section will be the sole point of contact for MDHHS.

The grantee's Project Director and the MDHHS Project Officer will confer regularly, at a mutually agreed upon interval, for the purpose of reviewing progress and providing necessary guidance to the grantee in solving problems that arise. Documentation of the content of the meetings will be prepared by the grantee.

The MDHHS Project Officer will schedule a negotiation session with the applicant receiving the award to address any concerns expressed by the reviewers and to work out final details of the budget and work plan. If at all possible, this session will occur within four working days after the award is made. Within five working days of the negotiation session, the grantee will submit to the MDHHS Project Officer for final approval a work plan that includes, if necessary, a revised budget.

The grantee will submit quarterly progress reports to the MDHHS Project Officer within 15 days of the end of each quarter through the MDHHS Egrams systems and using any supplemental forms provided by the MDHHS Project Officer. Where applicable, the grantee will also be required to submit a detailed plan for next year activities with the report for the third quarter.

6. Contract Payment Schedule

Financial Status Reports, which reflect actual program expenditures, shall be prepared and submitted to MDHHS on a monthly basis for payment. The Department may provide an operating advance to the Agency, after all parties sign the contract, to assist in initiating the program. The advance amount must be requested in writing and must be reasonable in relationship to the program's requirements, billing cycle, etc.; and in no case exceed the amount required for 60 days' operating expenses. The monthly Financial Status Report will be utilized to replenish the operating funds on a regular recurring basis.

SUBMISSION AND DEADLINES

LETTER OF INTENT

Deadline for Receipt of Letters of Intent: August 28, 2015

Prospective applicants are asked to submit a letter of intent (LOI) to apply. Although an LOI is not required and is not binding, the information that it contains will allow IVP staff to estimate the potential proposal review workload and plan the review. The LOI should include:

- Descriptive title of the proposed program
- Name of the applicant
- Name, address, and telephone number of the primary contact for the application

The LOI can be submitted via fax, email, or postal mail. It should be sent to:

Patricia Smith
Injury & Violence Prevention Section
Michigan Department of Community Health
P.O. Box 30195
Lansing, MI 48909
Fax: 517-335-9397
Email: smithp40@michigan.gov

APPLICATIONS:

Applications are due by 5:00 P.M., September 24, 2015.

<i>Faxed or emailed applications will not be accepted.</i>

Mail or deliver an original and three copies of the proposal following the instructions below.

Your application must be received by the application deadline, or you must have proof of its timely submission.

- For packages submitted via an overnight delivery service (e.g., DHL, Federal Express [FedEx], or United Parcel Service [UPS]), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.
- For packages submitted via the United States Postal Service [USPS] Overnight Express Service proof of timely submission shall be a postmark not later than 24 hours prior to the application deadline, and the following upon request by MDHHS:
 - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
 - a receipt from the Post Office containing the post office name, location, and date and time of mailing.
- For packages submitted via the United States Postal Service [USPS] by other than overnight Express Service, proof of timely submission shall be a postmark not later than four days prior to the application deadline, and the following upon request by MDHHS:
 - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
 - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

If the application package is being submitted via the United States Postal Service (excluding Overnight Express Service), the following address should be used:

Patricia K. Smith, M.S.
 Injury & Violence Prevention Section
 Michigan Department of Health and Human Services
 P.O. Box 30195
 Lansing, MI 48909

If the application is being submitted via an overnight delivery service (e.g., UPS, FedEx, DHL, USPS Overnight Express) or being delivered in person, the following address should be used:

Patricia K. Smith, M.S.
 Injury & Violence Prevention Section
 Michigan Department of Health and Human Services
 5th Floor
 109 W. Michigan Ave
 Lansing, MI 48913

Applications shall be considered as meeting the deadline if they are received by the IVP Section on or before the deadline time and date.

Applications that do not meet the criteria above will be considered late. LATE APPLICATIONS WILL NOT BE CONSIDERED IN THE CURRENT COMPETITION AND WILL BE RETURNED TO THE APPLICANT.

Upon receipt, applications will be evaluated for completeness and responsiveness to this RFP. Incomplete and non-responsive applications will not be reviewed.

If verification is desired that the proposal package was received, please enclose a stamped, self-addressed postcard in the package.

WHERE TO OBTAIN ADDITIONAL INFORMATION

A complete program description and information on application procedures are contained in this application package. A technical assistance conference call, as described at the front of this RFP, will be held.

Additional assistance or information may be obtained from Patricia Smith. She can also provide copies of the cover page, completion check list, or budget pages in Microsoft Word format (budget forms also available in Excel). Ms. Smith can be reached at 517-335-9703 or smithp40@Michigan.gov (Secretary's telephone: 517-335-9518). Answers to significant questions that have been asked by potential applicants will be posted on August 10, and updated regularly thereafter, on the IVP Section website at: www.Michigan.gov/injuryprevention. The RFP will also be available through that website. Both documents will be found in the "What's New" section. **Any corrections or changes to this RFP will also be posted on the website. Please check it regularly.**

PROPOSAL REQUIREMENTS

Applications that do not meet the following requirements will not be reviewed.

Proposals for the youth suicide prevention and early intervention program must:

1. Propose efforts clearly related to reducing suicide and suicidal behavior among young people ages 10–24 years.
2. Address issues across the full spectrum of suicide prevention, including identification, referral, continuity of care, follow-up after hospital/ED discharge, and bereavement support. Particular emphasis should be placed on building strong community networks and relationships, and creating sustainable systems change.
3. Clearly address the unique challenges and opportunities present when working in the state's Upper Peninsula.
4. Demonstrate how work on Goals 8 and 9 from the [2012 National Suicide Prevention Strategy](#) will be incorporated into the planned program.
5. Demonstrate how the [Zero Suicide model](#) will be included in work with specified community systems.
6. Include postvention services—appropriate post-suicide intervention services, care, and information to families, friends, schools, education institutions, the juvenile justice system, substance abuse programs, mental health programs, the foster care system, and other child and youth support organizations of youth who recently died by suicide.

Proposed programs may also include, but are not limited to activities such as:

- Early intervention services for youth who are at risk for mental or emotional disorders that may lead to suicide or a suicide attempt, and that are integrated with school systems, education institutions, the juvenile justice system, substance abuse programs, mental health programs, the foster care system, and other child and youth support organizations. Examples of such programs include, but are not limited to, mobile outreach programs or specialized emergency room interventions.
 - Providing immediate support and information resources to families of youth who are at risk for suicide, such as families of youth who have attempted suicide.
 - Conducting an information and awareness campaign that highlights the risk factors associated with youth suicide and the availability of care. Such a campaign must use effective communication mechanisms that are focused on and reach at-risk youth, families, educators, childcare professionals, youth workers, community care providers, or the general public. The campaign should also meaningfully connect to other components of the overall youth suicide prevention strategy. Such campaigns should also incorporate the findings from the latest available research on how to implement safe and effective suicide prevention awareness campaigns.³
7. Clearly identify and describe the population(s) that will be the focus for the activities set forth in the proposal.
 8. Demonstrate the applicant's or a community partner's access to the focus population(s).
 9. Demonstrate the applicant's or a community partner's experience in planning, delivering, and managing community-based interventions/programming.
 10. Describe programming that is culturally sensitive and provided in a location that is adequate, accessible, compliant with ADA, and amenable to the focus population(s).
 11. Demonstrate the applicant's commitment to participate in specified evaluation activities.
 12. Describe in detail how prior written, informed voluntary consent from a youth's parent or legal guardian will be obtained for any assessment services, any prevention programming, or treatment involving medication related to youth suicide conducted in elementary and secondary schools. "Youth" for these purposes are defined as individuals younger than age 18.
 13. Describe how cultural sensitivity and competency will be assessed and addressed in all aspects of the proposed effort, including infrastructure development, intervention, and focus population selection, as well as plans for sustainability.
 14. Describe the specific undesired outcomes to be prevented or what desired outcomes are to be promoted, in both the short- and long-term. Short-term outcomes might include, for example, changes in skills, attitudes, and knowledge. Long-term outcomes should include, but are not limited to, reductions of suicidal behavior or injuries.
 15. Explain how the proposed effort will accomplish the goals of this announcement within a program period not to exceed 49 months.

³ For example, see *Recommendations for Reporting on Suicide* at <http://reportingonsuicide.org> or the document *Safe and Effective Messaging for Suicide Prevention* available at www.sprc.org/library/SafeMessagingfinal.pdf

APPLICATION CONTENT

Format:

Each application must

- be typewritten in black ink on 8.5" x 11" paper in a font no smaller than 12 points (e.g., this RFP is in 12 pt Times Roman font). The font can be smaller in charts, tables, graphs and footnotes, but must still be easily read.
- use a line space of 1.5.
- contain a Program Narrative (Sections D–K, below) that is no more than 25 pages in length. Be aware that if your Narrative starts on Page 5 and ends on page 30, it is 26 pages long, not 25 pages. Note that Section L, Additional Requirements, although scored is not included in the narrative page count.
- have the pages, including those in the appendices, numbered consecutively starting with the cover page.
- be set up with at least 1" margins (page numbers can be placed within the margin)
- be printed on one side only
- be unbound (the original must be held together only with rubber bands or binder clips. The two copies can be held together with rubber bands, binder clips, or a staple in the upper left hand corner)

Please organize your proposal using the forms and section headings described below. The Program Narrative (sections D–K) may be no longer than 25 pages total.

The proposal should include the following information:

A. Cover Sheet and Proposal Completion Checklist:

The **Application Cover Sheet** (in *Appendix A*) must be attached to the *front* of your application. The following elements must be filled in on this cover page:

1. Descriptive title of the program.
2. Total amount of funding requested for the program for this budget period (cannot exceed \$183,333).
3. Name of the agency or organization applying for the grant.
4. Name and address of the fiduciary agency (if different from the applicant agency).
5. Name and contact information for the person who is able to answer questions about the application.
6. Name and phone number of the person to be contacted in the case of an award (if different than the person named in #5).

7. Typed or printed name and signature of the director or authorized proxy for the applicant and (if applicable) fiduciary agency.

The **Proposal Completion Checklist** (Appendix A) must be filled in and inserted behind the Application Cover Sheet.

B. Proposal Summary:

This **one-page** summary of the proposed program should briefly outline the program's goals and objectives, the focus population(s), the proposed partners and collaborators, the proposed activities, and the desired outcomes. *CONCISE WORDING RATHER THAN SMALLER TYPE, SINGLE SPACING, OR SMALLER MARGINS MUST BE USED TO GET THE SUMMARY ON ONE PAGE.*

C. Table of Contents:

Include page numbers for each of the major sections of your proposal and for each appendix.

D. Background and Need:

In this section, the applicant must:

1. Describe the geographic area to be served and justify the selection.
2. Describe, to the extent possible, the pattern of youth suicide mortality and morbidity within the geographic area or Tribe to be served. Also, describe identified risk factors for youth/young adult suicide in the area to be served.
3. Describe needs related to suicide prevention among the various systems within the community or Tribe that serve youth/young adults at risk for suicide or suicide attempts, including (but not limited to) mental health, physical health care, substance abuse, education, justice, and foster care.
4. Describe exactly why the program is needed.
5. Provide empirical, theoretical, and/or anecdotal evidence that the chosen program components can be effective with the given population(s).

E. Focus Population(s):

This section must describe in detail the group(s) to be focused on for the proposed activities, including—but not limited to—age, race/ethnicity, location, gender, other demographics, as well as levels and patterns of risk behavior, if appropriate. Justify your selection(s). Note that, while the proposed program must address suicide prevention across the full 10–24 year old age range, individual activities may be applicable to only one group that falls in that range. For example, one proposed activity may provide gatekeeper training to middle school teachers (most applicable to 10–14 year olds), while developing community protocols for continuity of care for youth/young adults identified at risk of suicide would be applicable to all ages in the range.

Discuss the language, beliefs, norms, and values of the focus population(s), as well as socioeconomic factors that must be considered in the delivering programs to the population(s). Provide estimates of the numbers to be served. Describe in detail how participants will be accessed and recruited for program activities.

Keep in mind that while you will have one or more focus populations of youth and young adults within which you ultimately want to have an impact, you might also have secondary focus populations that you are working with who work or interact with the youth/young adults, such as teachers or primary healthcare staff.

F. Community Access and Collaboration

In this section, the applicant must:

1. Provide evidence that it or a community partner has access to the focus population(s) for the proposed activities. Details on how the group(s) will be accessed and recruited for the activities must also be provided.
2. Provide evidence that it or a community partner has expertise and experience in the management and delivery of programming at the community level.
3. Provide details of the community partnerships as related to this project. Provide evidence of collaboration among local early intervention and prevention services, as well as other key agencies serving youth/young adults at risk. Describe the roles and responsibilities of participating organizations and demonstrate their commitment to the project.
4. Include in an appendix letters of commitment from the community partners and any other agencies or organizations that will have significant involvement in the program. **THESE LETTERS ARE VERY IMPORTANT TO THE APPLICATION. THEY MUST PRECISELY STATE THE NATURE OF ANY PAST AND PROPOSED COLLABORATIONS WITH THE APPLICANT ORGANIZATION AND THE PRODUCTS, SERVICES, AND OTHER ACTIVITIES THAT WILL BE PROVIDED BY AND TO THE APPLICANT THROUGH THE COLLABORATION ON THE PROPOSED PROGRAM. Be sure that any cash or in-kind contributions that will be made to support the program are identified in the letters.**

G. Goals and Objectives

This section should clearly state the purpose and goal(s) of the overall 49-month program, and describe how achievement of the goals will advance the existing local and/or state suicide prevention plans.

This section should also contain *specific* process and outcome objectives⁴ for the first project year related to those goals (objectives for the remaining three years will be in the continuation applications). **ALL OBJECTIVES MUST BE WRITTEN SO THAT THEY ARE MEASURABLE, ACHIEVABLE, AND TAKE PLACE WITHIN A SPECIFIED TIME PERIOD.** It should be clear to which goal(s) the individual objectives relate.

⁴ *Process objectives* measure the amount and quality of the activities or services undertaken to achieve the outcome objectives, such as hiring project staff or enrolling a specified number of individuals into the program. SAMPLE PROCESS OBJECTIVE WORDING: "By month three, 100 youth ages 12–15 will be enrolled in Program XYZ."
Outcome objectives measure the success of the activities related to the goals of the program, such as increasing the knowledge about suicide warning signs among high school age youth. SAMPLE OUTCOME OBJECTIVE WORDING: "After participating in Program XYZ, seventy-five percent of program participants will increase their knowledge of the warning signs of suicide by 50%."

H. Plan of Operation

1. Provide a detailed description of the **specific activities** that are needed to achieve *each* of the program objectives. This description must include not only **what** will be done, but also **how** it will be done. For each activity, describe **who** will do **what** to implement the activity. Also describe how the proposed activities will produce the desired outcomes.
2. Include descriptions of the mechanisms for ensuring participants' access to all relevant program components.
3. Describe the setting of each major activity in order to establish the generalizability of the findings. The application also needs to describe the relevance of this setting to the focus population and outcomes, i.e., why was this particular setting or context chosen?
4. Discuss how the proposed activities address the needs identified in Section D (Background and Need) of your narrative.
5. Include a plan for formation or continuation of a public/private partnership that will include stakeholders from the private and public sectors including healthcare, advocacy groups, loss and attempt survivors, faith-based organizations, academic institutions, and others, as appropriate. Public sector partners should include mental health, substance abuse, juvenile justice, public health, education, and foster care/child protective services. This public/private partnership may be the community's or Tribe's existing suicide prevention planning body. This body must be committed to developing and implementing a plan to strengthen community partnerships and institute needed policy and practice changes to improve continuity of care.
6. Describe how the input of suicide loss survivors, suicide attempt survivors, youth, young adults, and parents will be incorporated into the project.
7. Describe plans for developing and institutionalizing support for loved ones and friends who support a youth/young adult who is suicidal or who lose a youth/young adult to suicide.
8. Describe plans for ensuring how access to emergency care will be assured for youth identified as being at immediate risk for suicide or suicide attempts.
9. Describe plans for facilitating and monitoring cross-system referrals and continuity of care for youth at risk.
10. Describe how parental consent will be obtained and family involvement promoted. The Garrett Lee Smith Memorial Act requires that States, Tribes, and entities receiving funding under this Act shall obtain prior, written informed consent from the parent or legal guardian for any youth under the age of 18 years for assessment services, prevention programs, or treatment involving medication related to youth suicide conducted in elementary and secondary schools. This requirement does not apply:
 - in an emergency, when it is necessary to protect the immediate health and safety of the student or other students; or
 - other instances, as defined by the State, where parental consent cannot reasonably be obtained.

11. Describe how you will ensure that services will be provided in locations that are adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and appropriate for the focus population(s).
12. Describe how the proposed program activities will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the focus population(s).
13. Describe the potential barriers to successful conduct of the proposed activities and how you will overcome them. Examples of barriers may be parental resistance to openly discussing or addressing youth suicide and its prevention; lack of services/service providers; lack of transportation options; resistance of key institutions to making identified policy or procedure changes; past relationship problems between critical agencies or organizations; etc.
14. Discuss the initial steps that will be taken in project year one to develop a sustainability plan for the program.

Applicants are encouraged to utilize existing programs, delivery systems, and personnel for their program rather than create new ones, in order to maximize the cost effectiveness of the program, enhance acceptance of the program by potential participants, and help assure continuation of the intervention after the state funded project period has ended.

I. Timeline and Logic Model

1. Provide a realistic, detailed timeline (chart or graph) for the first year of the project showing key activities, milestones, and responsible staff. This timeline must be part of the narrative. It should not be placed in an appendix.
2. Provide a logic model that clearly depicts how it is anticipated that the Resources/Inputs, Program Components/Activities will lead to the proposed Outputs, and Outcomes. This logic model must be part of the narrative. It should not be placed in an appendix.

J. Project Evaluation

Your evaluation should be designed to provide regular feedback to your program that can translate into informed decision-making and ongoing program improvement.

1. Provide specific process, performance, and outcome measures related to the goals and objectives identified in the Program Narrative, and describe what data will be used to assess them. Describe plans for data collection, management, analysis, interpretation, and reporting. Both quantitative and qualitative data can be used.

Process components should address issues such as:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What impact did the deviations have on the intervention and evaluation?
- Who provided (program, staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

Outcome components should address issues such as:

- What was the effect of grant-funded suicide prevention activities on service capacity and other system outcomes?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

At a minimum, your plan must include the following measures:

- a. Process: Recipient demographics; satisfaction with services and/or materials received; accessibility of services and/or materials received
 - b. Content: Recipients' perception of the relevance, helpfulness, and understandability of the services and/or materials received
 - c. Impact: Recipients' report of what was learned; intent to do something differently as a result of services and/or materials received
2. It is also expected that grantees will provide performance data on the number of youth and young adults by age, gender, race, and ethnicity who are identified and referred to mental health services and the number of persons who actually schedule initial appointments with those services. Indicate your willingness to work with the state evaluation consultant to develop your current capacity to monitor the extent to which high-risk youth who are referred to treatment actually access that treatment.
 3. Describe a process to document what lessons were learned; what barriers inhibited implementation; how such barriers were resolved; and what should be done differently in the future to effect improvements.
 4. Commit to filling out and submitting baseline data collection forms, as well as quarterly and year-end progress and data collection forms to the MDHHS Project Officer.
 5. Explicitly state your willingness to work with the MDHHS evaluation consultant and Project Officer to a) refine your evaluation plan and activities, b) participate in data collection for the national and state cross-site evaluation programs, and c) participate in the development of the final Replication Guidelines for the overall Youth Suicide Prevention and Early Intervention Program.
 6. Explicitly state your commitment to developing two documents in the final year of your project (project year four): 1) Replication Guidelines for a Model Rural Suicide Prevention Community and 2) Evaluation of the Development of a Model Rural Suicide Prevention Community.

K. Project Management and Staffing

In this section the applicant must:

1. List the proposed staffing for the project—paid and voluntary—noting existing staff as well as additional staffing needs. A Project Director/Coordinator must be designated and it must be clear that this person has sufficient authority, responsibility, expertise, and dedicated work time (no less than 20 hours per week) to carry out the project.
2. Describe in detail, by staff position, the responsibilities of individual staff members, including the level of effort and allocation of time for each project activity. The time

that the personnel are budgeted for on the project must be sufficient and in proportion to the stated activities. Also describe where each staff member will be housed and supervised.

3. Describe the qualifications and experience of the Project Director for assuming responsibility for oversight of this project. Describe the qualifications and experience of other key personnel for providing the types of resources required by this project, including content-specific knowledge of youth suicide prevention and early intervention. Provide a description of key personnel's understanding of the cultural context of suicide and suicide attempt in the focus population(s). Provide in an appendix a curriculum vita or résumé for each identified staff member and any other individuals who will be playing a major role in implementing the program. For positions to be established or filled as part of this project provide position descriptions.
4. Describe the qualifications, roles, and responsibilities of any subcontractors that will participate. Letters of commitment are required from all proposed subcontractors identified in the application.
5. Indicate the types of quality control mechanisms that will be put in place to ensure smooth oversight, management, and day-to-day operations of this project.
6. Describe the resources available to support the staff (e.g., facilities, equipment, etc.).

L. Additional Requirements

1. Grantees are required to commit to and budget for sending at least one person to each of the following meetings:
 - SAMHSA National Grantee meeting (date/location TBD. Will occur in FY 2016)
 - Michigan Suicide Prevention Community Technical Assistance and Grantee Meeting (2 days) held in May 2016 at the Ralph A. MacMullan Conference Center in Roscommon
2. The MDHHS Division of Chronic Disease and Injury Control and the Youth Suicide Prevention Program are committed to the elimination of health inequities. All applicant agencies must submit a statement (no longer than two pages) that outlines the applicant's intent to address health disparities. The statement must:
 - Explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of the application;
 - Identify specific group(s) in the service area who experience a disproportionate burden for the disease or health condition addressed by this application;
 - Identify specific social and environmental conditions which lead to the identified health disparities (social determinants); and
 - Discuss health equity and social justice strategies within the scope of the RFP that will significantly impact outcomes. These statements must be supported by data.

M. Proposed Budget

A detailed budget must be prepared using the forms and closely following the instructions provided in *Appendix B*. Additionally, this section of the proposal *must* contain a **detailed narrative justification** for budget components. Although there are no points given for the budget, POINTS WILL BE LOST IN THE REVIEW IF THE BUDGET NARRATIVE IS NOT INCLUDED. The reviewers will be asked to comment on the appropriateness of the budget given the proposed activities, as well as the extent to which the budget request is clearly explained, adequately justified, reasonable, sufficient for the proposed project activities, weighted more toward project activities (including direct project administration) than indirect costs, and consistent with the intended use of Youth Suicide Prevention and Early Intervention Grant funds.

Salaries, benefits, and reasonable administrative costs are eligible for reimbursement.

Please note: No more than 15% of the budget can be used for data collection and evaluation activities.

Requirements for the proposed budget:

1. The budget items must coincide with the stated proposal objectives and delineated activities.
2. The budget must clearly state for what purpose(s) each budgeted item is requested.
3. The FY 2016 budget must include funding for at least one person to attend the 2-day Community TA Meeting and the SAMHSA National Grantee Meeting. At least \$1,200/person is recommended for travel to the national meeting. Costs for the Community TA meeting would involve a \$50 registration fee and mileage.
3. Proposals reflecting a budget that places substantial emphasis on implementation (including direct staffing costs) with less weight placed on administrative overhead and/or indirect costs will be viewed favorably.
4. Proposals that include budget expenses that exceed the maximum award under this RFP will not be viewed favorably unless the budget shows a source of other funding to cover the additional expenses.
5. Only organizations with federally negotiated indirect rates or indirect rates negotiated with a state department such as MDHHS or the Michigan Department of Education can request indirect costs. Documentation of the approved indirect rate must be provided.
6. Include information on any local match and/or in-kind funds **in the budget narrative only**. Do not include these funds on the budget forms. A table or chart showing what is covered by this grant versus what is covered by the match would be helpful. Local match or in-kind is NOT required.

N. Confidentiality and Participant Protection

Because of the sensitive and confidential nature of the work in many suicide prevention and early intervention programs it is important to have safeguards protecting individuals from risks associated with their participation in these programs. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed activities, simply state that they are not applicable and indicate why. In addition to addressing these seven elements,

read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your program. If so, you are required to describe the process you will follow for obtaining Institutional Review Board approval or, at a minimum, commit to working with the MDHHS IVP Section staff to obtain that approval.

While we encourage you to keep your responses brief, there are no page limits for this section and the Review Committee will assign no points. Problems with confidentiality, participant protection, and protection of human subjects identified during review of the application, however, may result in the delay of funding.

While you might not think your proposed program poses any risks, please realize that suicide is a sensitive issue and might at the very least be an upsetting topic for some people. You must recognize how people might be affected by any of your proposed activities and how your program will assist them if necessary.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of program activities or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the focus population(s) for the proposed activities. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, LGBTQ youth, or people with mental or physical disabilities.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the activities is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).
- State how volunteer participants will be told that they may receive services or the intervention even if they do not participate in or complete the data collection component of the program.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide copies in an appendix of any available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in program activities. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the program at any time without problems.
 - Possible risks from participation in the program activities.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If specific program activities pose potential physical, medical, psychological, legal,

social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in an appendix of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the program, or releases your program or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the program. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your program, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in program activities?

7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the program.

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

Applicants whose programs must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed program activities.

General information about Protection of Human Subjects Regulations can be obtained on the Web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (301/496-7005).

PROPOSAL EVALUATION CRITERIA

Applications will be reviewed and rated according to the following criteria (maximum 100 points total). Points will be subtracted from the final score if the technical instructions (e.g., page formatting, font size, etc.) are not followed or if a budget narrative is not included.

◆ **Background and Need—Section D: (10 points)**

- The extent to which:
 - youth suicide-related morbidity and mortality are a problem in the selected program area or Tribe.
 - the applicant provides a clear picture of the community to be served, including such things as demographics, injury and death data, and the availability of existing relevant suicide prevention programs and services.
 - the applicant has demonstrated an understanding of the suicide prevention-related needs among relevant systems.
 - the applicant justifies the need for the program.
 - the applicant shows that the chosen program components have the potential to be effective.

◆ **Focus Population—Section E: (10 points)**

- The extent to which the applicant
 - clearly and concisely describes the group(s) to be the focus of program activities, including demographics, risk factors, and risk behaviors.
 - clearly describes how members of the focus population(s) will be accessed and recruited.
 - has demonstrated an understanding of the culture of the focus population(s) as well as socioeconomic factors to be considered in program delivery.
- The appropriateness of the focus population(s) and the methods of accessing and recruiting program participants from this group.

◆ **Community Access and Collaboration—Section F: (10 points)**

- The extent to which the applicant or a community partner has
 - access to the focus population(s) and the ability to recruit individuals from those populations for specified activities.
 - experience in the management and delivery of programming at the community level.
- The appropriateness of the proposed partnerships, given the proposed activities.
- The quality and completeness of the letters of commitment.

◆ **Goals and Objectives—Section G: (10 points)**

- The extent to which:
 - the applicant's goals are clearly articulated.
 - the objectives are time-phased, specific, measurable, and achievable in project year 1.
 - the objectives relate to the overall goals of the program.
 - the applicant included sufficient and appropriate process *and* outcome objectives.

◆ **Plan of Operation—Section H: (30 points)**

- The quality and specificity of the applicant's proposed plan to operationalize a multifaceted and coordinated youth suicide prevention early intervention and prevention program that fulfills the expectations and requirements of the RFP.
- The extent to which:
 - the applicant describes the *what* and *how* of program activities, who will carry out the activities, and how the program will produce the desired outcomes.
 - the plan addresses issues across the full spectrum of suicide prevention and intervention.
 - mechanisms for ensuring participants' access to all relevant program components are described.
 - the proposed activities address the identified needs.
 - the Zero Suicide Model and Goals 8 & 9 from the 2012 National Strategy for Suicide Prevention are incorporated into the proposed plan.
- The quality and specificity of:
 - the applicant's plan to form or continue a relevant public/private partnership involving appropriate stakeholders.
 - plans ensuring that youth at immediate risk have access to emergency care and for facilitating and monitoring cross-system referrals and continuity of care for youth at risk.
- The extent to which the applicant shows that any proposed programs are either evidence-based or evidence-informed.
- The extent to which the applicant describes how parental consent will be obtained and family involvement promoted.
- The extent to which the applicant describes how proposed activities will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the focus population(s).
- Is evidence provided that the chosen intervention has the potential to be effective?
- Is the relevancy of the setting(s) to the focus population(s) and desired outcomes described?
- The extent to which the applicant:
 - gives evidence that services will be provided in locations that are adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and appropriate for the focus population(s).

- describes potential barriers to program implementation and proposes to manage them.
- describes initial steps to be undertaken in planning for program sustainability.
- Based on information provided in this section, how realistic are the applicant's chances of achieving the stated program objectives? To what extent is the proposed program realistic and how well does it meet the intended purposes of the funding?
- **Timeline and Logic Model—Section I: (10 points)**
 - Are the timeline and logic model included in the narrative, as required?
 - Is the timeline realistic?
 - Does the timeline show key activities, milestones, and persons responsible?
 - Does the logic model clearly demonstrate the anticipated associations of resources and activities with outcomes and impact?
- ◆ **Evaluation—Section J: (5 points)**
 - The quality and specificity of the plan for annual project self-evaluation.
 - Does the applicant explicitly state their willingness to work with the evaluation consultant and Project Officer on the specified activities?
 - If applicable, does the applicant specify a willingness to work with the evaluation consultant on building capacity to monitor the extent to which high-risk youth who are referred to treatment actually access that treatment?
- ◆ **Project Management and Staffing—Section K: (10 points)**
 - Has a Project Director or Coordinator with sufficient authority, responsibility, expertise, and dedicated work time been designated?
 - Is the staff time, paid and volunteer, sufficient and in proportion to the stated activities?
 - The extent to which the applicant describes plans to train and support staff.
 - Are staff qualifications and experience appropriate and sufficient?
 - Are résumés or vitae provided for identified staff? Are position descriptions provided for positions yet to be established or filled?
 - Are qualifications, roles, and responsibilities for any subcontractors adequately described? Are letters of commitment included for them?
 - The extent to which the applicant describes how smooth program oversight, management, and day-to-day operations will be maintained.
 - Have adequate resources been proposed to support staff?
- ◆ **Additional Requirements—Section L: (5 points)**
 - Has the applicant committed to sending at least one person to the
 - SAMHSA National Grantee meeting
 - Michigan Suicide Prevention Community Technical Assistance and Grantee Meeting
 - Is a health disparities statement included?

◆ **Budget—Section M:**

- Is the budget reasonable and realistic given the proposed activities?
- Is a detailed Budget Narrative included?

APPENDIX A

Coversheet & Checklist

**YOUTH SUICIDE PREVENTION AND EARLY INTERVENTION GRANT
APPLICATION COVER SHEET**

LEAVE BLANK—FOR MDHHS USE ONLY
Date Received:
1°:
2°:
Reader:

1. TITLE OF PROGRAM: Click here to enter text.
2. TOTAL AMOUNT OF FUNDING REQUESTED:
3. NAME OF APPLICANT ORGANIZATION OR TRIBE: ADDRESS:
4. NAME OF FIDUCIARY AGENCY (if applicable): ADDRESS:
5. NAME OF CONTACT PERSON (must be able to answer questions about the application): TITLE: PHONE NUMBER: ADDRESS: EMAIL: FAX:
6. NAME OF PERSON TO BE NOTIFIED IF AWARD IS MADE (if different than #5): TITLE: PHONE NUMBER: ADDRESS: EMAIL: FAX:
7. Click here to enter text. _____ Typed or printed name of the Director or designee for the applicant organization or Tribe _____ Signature Date
8. _____ Typed or printed name of official signing for agency in #4 (if applicable) _____ Signature Date
9. If verification of receipt of the proposal is desired: Name of the person to whom verification is to be sent (please type or print clearly): Click here to enter text. Email address for the designated person (please type or print clearly): Click here to enter text.

PROPOSAL COMPLETION CHECKLIST

(fill out and place in proposal behind cover page)

- One original and three copies are enclosed
- The original document is held together only with rubber bands or binder clips
- The copies are held together with rubber bands, binder clips, or a staple in the upper left hand corner
- If verification that the proposal has been received is desired, the name of the person to whom it should be sent and their email address is included on the cover sheet.
- The appropriate signatures are included on the cover sheet

The proposal

- Is typewritten on 8.5" x 11" paper in a font no smaller than 12 points
- Is double-spaced
- Is no longer than 25 pages, excluding cover page, checklist, budget forms and narrative, and appendices
- Has all pages numbered consecutively, starting with the cover page
- Is set up with at least 1" margins
- Is printed on only one side of the paper
- Has been proofread and spell-checked

- All required lines are filled out on the cover sheet
- The appropriate budget forms have been filled out and included at the end of the narrative
- A detailed budget narrative is included in the budget section
- If indirect has been requested, appropriate documentation of indirect cost rate is included
- All necessary letters of commitment are included

Signature of person completing the checklist

APPENDIX B

Budget Forms and Instructions

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Grantee Name - Enter the name of the Grantee.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Grantee.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION
(continued)

- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salary and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts/Subrecipients)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Costs
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
1. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes:
 - a. 1st party funds projected to be received from private payers, including patients, source users and any member of the general population receiving services,
 - b. 2nd Party funds projected to be received from organizations, private or public, who might reimburse services for a group or under a special plan.
 - c. 3rd Party funds projected to be received from private insurances, Medicaid, Medicare or other applicable titles of the Social Security Act directly related to the cost of providing patient care or other services, and
 - d. any other collections.

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

(continued)

2. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Grantee through the agreement.
3. Local - Enter the amount of Grantee funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
4. Federal - Enter the amount of any Federal grants received directly by the Grantee in support of this program and identify the type of grant received in the space provided.
5. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.

16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.

- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference. Use additional pages if needed.

- A. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Grantee Name - Enter the name of the Grantee.

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION (continued)

- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the Grantee and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail should be stated in the space provided on**

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total

Expenditures (line 10). Travel of consultants is reported under Other Expenses - as part of the Consultant Services.

- N. **Supplies & Materials** - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. **Contractual (Subcontracts/Subrecipients)** – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include:
- 1) subcontractor(s) and/or subrecipient(s) name and address,
 - 2) amount for each subcontractor and/or subrecipient,
 - 3) the total amount for all subcontractor(s) and/or subrecipient(s).
- Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as **affiliates, cooperating institutions or delegate Grantees when compliance with federal grant requirements is delegated (passed-through) to the subrecipient Grantee.** Contractor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.
- P. **Equipment** - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided (line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**

- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. Minor items may be identified by general type of cost and summarized as a PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.
 3. Consultant or Contractor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, such as patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures – Enter the sum of items 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

View at 100% or Larger MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Use WHOLE DOLLARS Only

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
GRANTEE NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL X AMENDMENT			AMENDMENT #
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY						(K) TOTAL BUDGET (Use Whole Dollars)
1.SALARY & WAGES			43,000			43,000
2.FRINGE BENEFITS			11,180			11,180
3.TRAVEL			1,400			1,400
4.SUPPLIES & MATERIALS			37,000			37,000
5.CONTRACTUAL (Subcontracts/Subrecipients)			3,500			3,500
6.EQUIPMENT			5,000			5,000
7.OTHER EXPENSES						
			8,000			8,000
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)			110,090			110,090
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES			110,090			110,090
(J) SOURCE OF FUNDS						
11. FEES & COLLECTIONS			10,000			10,000
12. STATE AGREEMENT			90,000			90,000
13. LOCAL			9,090			9,090
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING			110,090			110,090
AUTHORITY: P.A. 368 of 1978			The Department of Community Health is an equal opportunity			
COMPLETION: Is Voluntary, but is required as a condition of funding			employer, services and programs provider.			

PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Use WHOLE DOLLARS ONLY

(B) PROGRAM Budget and Contracts (C) BUDGET PERIOD From: 10/01/xx To: 9/30/xx (D) DATE PREPARED 7/01/xx
 (E) GRANTEE NAME Michigan Agency (F) BUDGET AGREEMENT AMENDMENT #

(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY
Nurse	9 month position	1	25,000
Project Director		.5	18,000

(L) 2. FRINGE BENEFITS (Specify)	(K) 1. TOTAL SALARY & WAGES:		
FICA LIFE INS. DENTAL INS. COMPOSITE RATE UNEMPLOY INS. VISION INS. WORK COMP AMOUNT 26% RETIREMENT HEARING INS. HOSPITAL INS. OTHER (specify) _____		1.5	\$ 43,000
	2. TOTAL FRINGE BENEFITS:		\$ 11,180

(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)		
CONFERENCE REGISTRATION	\$350	
Airfare \$600		
Hotel accommodations and per diem for 4 days \$ 50		
TOTAL TRAVEL:		\$ 1,400

(N) 4. SUPPLIES & MATERIALS (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)		
OFFICE SUPPLIES 2,000		
Medical supplies 35,000		
4. TOTAL SUPPLIES & MATERIALS:		\$ 37,000

(O) 5. CONTRACTUAL (SPECIFY SUBCONTRACTS/SUBRECIPIENTS)		
Subcontractor Name	Address	Amount
ACME EVALUATION SERVICES	555 WALNUT, LANSING, MI 48933	\$ 2,000
	SUBRECIPIENT NAME	
HEALTH CARE PARTNERS	333 KALAMAZOO, LANSING, MI 48933	\$ 1,500
5. TOTAL CONTRACTUAL:		\$ 3,500

(P) 6. EQUIPMENT (SPECIFY ITEMS)		
MICROSCOPE \$5,000		
6. TOTAL EQUIPMENT:		\$ 5,000

(Q) 7. OTHER EXPENSES (SPECIFY IF CATEGORY EXCEEDS 10% OF TOTAL EXPENDITURES)		
COMMUNICATION COSTS	\$2,400	
SPACE COSTS	\$3,600	
CONSULTANT OR VENDOR: JOHN DOE, EVALUATOR, 100 MAIN, E. LANSING	\$2,000	
7. TOTAL OTHER:		\$ 8,000

(R) 8. TOTAL DIRECT EXPENDITURES (SUM OF TOTALS 1-7)	8. TOTAL DIRECT EXPENDITURES:	
		\$ 110,090

(S) 9. INDIRECT COSTS CALCULATIONS	RATE #1: BASE \$0 X RATE 0.0000	RATE	
	#2: BASE \$0 X RATE 0.0000 %	TOTAL	\$ 0
9. TOTAL INDIRECT EXPENDITURES:			\$ 0

(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)		
		\$ 110,090

AUTHORITY: P.A. 368 of 1978 The Department of Community Health is an equal opportunity employer, services and programs provider.
 COMPLETION: Is Voluntary, but is required as a condition of funding
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
 CONTRACT MANAGEMENT SECTION

EQUIPMENT INVENTORY SCHEDULE

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDCH contract manager with the final progress report.

Grantee Name: Michigan Agency Contract #: 201xxxxx Date: 10/31/20xx

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
1	LW Scientific M5 Labscope	<ul style="list-style-type: none"> • Binocular • Trinocular with C-mount or eye tube • 35mm and digital camera adapters available • Diopter adjustment • Inclined 30 degrees (45 degrees available), rotates 360 degrees • 10X/20 high point eyepieces • Interpupillary distance range 50-75mm 	N1038438EW109	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$ 5,000

EXAMPLE

Grantee's Signature: _____ Date: _____

ATTACHMENT B.1
PROGRAM BUDGET SUMMARY
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS Only**

PROGRAM			DATE PREPARED	Page	Of
GRANTEE NAME			BUDGET PERIOD From: To:		
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER		
EXPENDITURE CATEGORY					TOTAL BUDGET
1. SALARIES & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
9. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)			\$0	\$0	\$0
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES			\$0	\$0	\$0

SOURCE OF FUNDS

11. FEES & COLLECTIONS					
12. STATE AGREEMENT					
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
16. TOTAL FUNDING			\$0	\$0	\$0

<p>AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding</p>	<p>The Department of Community Health is an equal opportunity employer, services and programs provider.</p>
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PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use WHOLE DOLLARS Only

Page Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
GRANTEE NAME		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
1. SALARY & WAGES	POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
1. TOTAL SALARIES & WAGES:			0	\$ 0
2. FRINGE BENEFITS (Specify)				
<input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS. COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP. AMOUNT 0.00% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				
2. TOTAL FRINGE BENEFITS:				\$0
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
3 TOTAL TRAVEL:				\$0
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:				\$0
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:				\$0
6. EQUIPMENT (Specify items)				
6. TOTAL EQUIPMENT:				\$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
7. TOTAL OTHER:				\$0
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
9. TOTAL INDIRECT EXPENDITURES:				\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
DCH-0386(E) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

